

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

At Mount St Johns Medical Centre (MSJMC), I had the privilege to observe in three different surgical specialties. These three specialties included trauma and orthopaedics (TAO), urology and general surgery.

Antigua, being a Caribbean island, has a predominantly black Afro-Caribbean population and as such the pattern of disease reflects this. During trauma and orthopaedics, I was able to see more cases of slipped upper femoral epiphysis (SUFE) than I had ever seen back in London; the application of weights to the hip joint was a fascinatingly simple and somewhat brute method used to correct malalignment in this population. Furthermore, it was also impressive to see something I had studied positively impact these children's lives; SUFE is a considerably debilitating condition which limits the activity of individuals which as well as having its physical impact can deeply effect the psychosocial sphere surrounding the patient.

Despite epidemiological studies showing an increased prevalence in bladder cancer and urological stones in white Caucasians as compared to Afro-Caribbean ethnic groups, my time observing with Dr. Rhudd in MSJMC showed that they are very poorly managed in a primary setting. Be it due to the partially privatised systems, or poor recognition from general practitioners, many of these patients present with very severe cases of these pathologies. Looking through CT scans with Dr. Rhudd, I saw patients with primary bladder malignancies that filled the volume of almost half of the bladder! Furthermore late presentations of renal (tract) stones revealed incredibly damaged tissue which surrounding the stone, with scar tissue and incorporation of the stone into the epithelium. I was therefore impressed with the clinical/ surgical acumen of Dr. Rhudd who managed the patients in a semi-resource depleted setting. It did occur to me the lack of public health awareness in Antigua, with these late and insidiously damaging pathologies I thought that there may be benefit to adopting schemes used in other parts of the world to help prevent this.

My time with Dr. Goodwin in general surgery showed a stark contrast with the role of general surgery in the UK versus Antigua. In the UK, general surgeons manage surgical pathologies pertaining to the gastrointestinal system. In MSJMC, general surgeons additionally deal with basic neurosurgical and cardiothoracic trauma, as well as dermatological and plastic/reconstructive conditions. This clinical burden showed me the hardworking nature of the general surgical team who deal with such a vast breadth of patients, something I was profoundly in awe of.

Healthcare within Antigua is partially privatised; most demographics within Antigua receive an excess based insurance/ partial subsidiaries used to help the citizens pay for their healthcare. Whilst the financial cost of being a patient seems fairly priced, the transactional nature of healthcare here seems somewhat limiting. I witnessed a case where an individual recently became traumatically-induced paraplegic, for whom neurosurgical input was required to be outsourced to America. The cause of paraplegia was likely to be reversible if neurosurgical involvement was followed through with. Unfortunately, this patient's family could not afford the surgery and therefore they discharged this patient from hospital. Sadly, this means that this individual (and their family) would be exposed to the detriments of a low-quality of life for the rest of their life, alongside the care costs that naturally come with it. Free healthcare is something we take for granted in the UK; although we hear about poignant cases, mainly from America, which highlight the harm of such a socially depriving system, I still struggle to see healthcare as anything but a right. It is something that has subtly derived a certain moral/ ethical baseline in myself for the quality of life any human should live.

Socially, most citizens of Antigua work as a labourer (farming, construction etc) or in the customer service industry. Whilst the cost of renting is low, other aspects of the cost of living is high. This includes food shopping; something many patients struggled with. As a small island, it relatively de-industrialised and the dry, hot climate makes it difficult to grow fresh fruit and vegetables. Consequently, most fresh fruit and vegetables must be imported entailing high prices in the supermarkets. From speaking to patients, I was surprised that their salaries wasn't tailored to this aspect of the cost of living; they all stated this as a reason for eating meat and carbohydrate heavy diets. Subsequently, obesity and diabetes mellitus is endemic to the country. Similarly, many spices are too expensive to buy and so salt replaces flavouring explaining high rates of hypertension.

It was truly a pleasure to undertake my elective in at Mount St Johns Medical Centre, and I would like to express my gratitude to all the doctors, nurses, administrative staff and patients, with whom I was able to participate with truly some of the loveliest people in the world.